

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/582887

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	0						TOTAL DEP.						
TOTAL CLAIMS	1						TOTAL CLAIMS						

BEST AVAILABLE COPY